IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

:
: Art Unit: 3768 :
: Examiner: Jaworski, Francis J.
: : :

Mail Stop: Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

TRANSMITTAL

 Transmitted herewith is: Transmittal and Amendment in response to Office Action dated January 5, 2007 (20 pages)

STATUS

2. Applicant

claims small entity status.

is other than a small entity.

1

EXTENSION OF TERM

3.	The proceedings herein are for a patent ap 1.136 apply.	plication and the provisi	ons of 3 / C.F.R.							
		(b), as applicable) stension of time under 37 for the total number of month	7 C.F.R. 1.136 s checked below:)							
Ext	ension for response within:	Other than small entity Fee	Small entity Fee (if applicable)							
	first month	\$ 120.00	\$ 60.00							
	second month	\$ 450.00	\$ 225.00							
	third month	\$ 1,020.00	\$ 510.00							
	fourth month	\$ 1,590.00	\$ 795.00							
	fifth month	\$ 2,160.00	\$1,080.00							
		Fee Due	\$ 120.00							
If an additional extension of time is required, please consider this a petition therefor. (Check and complete the next tiem, if applicable)										
An extension of months has already been secured. The fee paid therefor \$ is deducted from the total fee due for the total months of extension now requested.										
	Extension fee due with this request \$ 120.00									
	OR (b) Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.									

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:
OTHER THAN

	(Col. I)		(Col. 2)	(Col. 3)	SMALL ENTITY		SMALL ENTITY
			(00. 2)	(00.3)	SAN LEE LAVITA		GIBTEL BITTI
	CLAIMS REMAINING		HIGHEST NO.				
	AFTER		PREVIOUSLY	PRESENT	ADDITIONAL.		ADDITIONAL
	AMENDMENT		PAID FOR	EXTRA	RATE FEE	OR	RATE FEE
TOTAL		MINUS		-	x \$25.00 = \$		x \$50.00 = \$
INDEP.		MINUS		=	x \$100.00 = \$		x \$200.00 = \$
	FIRST PRESEN	TATION OF	MULTIPLE DEP. O	LAIM	+\$180.00 = \$		+\$360.00 = \$
		~~~~			TOTAL ADDITIONAL	ÓR	TOTAL ADDITIONAL
					FEE \$		FEE \$
	(a) 🔀	No add	litional fee for	r Claims is			, , , ,
				OR			
(b) Total additional fee for claims required \$							

## FEE PAYMENT

- 5. ____ Attached is a check in the sum of \$_____
  - Charge Deposit Account No. 01-2384 the sum of \$120.00.
    A duplicate of this transmittal is attached.

### FEE DEFICIENCY

 If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

#### AND/OR

- If any additional fee for claims is required, charge Deposit Account No. 01-2384
- 7. Other:

Patrick W. Rasche

Reg. No. 37,916

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